ARIZONA STATE BOARD OF HEALTH  BUREAU OF VITAL STATISTICS  State File No. 106.10	
1. PLACE OF BIRTH  STANDARD CERTIFICAT	TATISTICS 7
County Gila State Angar	
District or Township	
Cin Mann. 1078 Product	
2. Full name of child Gillie Virginia Carlton III child is not yet named, make supplemental report, as directed.	
3. Sex of Child To be answered ONLY in event of plural births.  4. Twin, triplet or other 6. Legitimate?  7. Date of birth Akul 1 1928 of birth Day Year	
8. FATHER 14.	
Full name Jal Carlton Fu	Ill maiden name Darothy anna Darohert
9. Residence (Usual place of abode) Mann   Angoni 15.	. Residence
If non-resident, give place and state.	(Usual place of abode) Mann Myon. If non-resident, give place and state.
10. Color or race	. Color or race
White 11. Age at last birthday. 3 6 (Years)	White 17. Age at last birthday 2 / (Years)
12. Birthplace (city or place) 18.	Birthplace (city or place) Mexia
(State or country)	(State or country) Texas
13. Occupation Miner	. Occupation
Nature of industry Capper	Nature of industry
20. Number of children of this mother	
(Taken as of time of birth of child herein certified and including this child). (c) Stillborn	v dead thaimis neonstorum.
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE.	
I hereby certify that I attended the birth of this child, who was alive at 9:40 m. on the date above stated.	
*When there was no attending physician or midwife, then the father, householder, etc. should make this return. A stillborn	
child is one that neither breathes nor shows other evidence of life after birth.	ms
Given name added from a supplemental report	(Physician or midwife).
Month, day, year	
Registrar. Filed 900 19 10 8. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6. 6.	
235-401-4118 Registrar.	

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